PT0/38/06 (12:04)

Under the Properties Reduction Act of 1995, no princes are required to respond to a contraction of information unless a displayer a vaid CMB control number.

According to the Properties of the U.S. Paters and Trademers Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Docker Humber Effective December 8, 2004 APPLICATION AS FILED - PART I 0/8/5 6330 (Column 1) (Cohumn 2) SMALL ENTITY OTHER THAN FOR OR SMALL ENTITY NUMBER FILED BASIC FEE HUUBER EXTRA MICER I INI IN IN IN IN RATE (S) NA EER O SEARCHFEE N/A RATE (\$) FEE (1) NVA (37 CFR 1 16(N. H. O. (04) 150.00 N/A . NIA 300.00 EXMINATION FEE NIA NIA 133 CFR 1 18(4) [9] a [4]). NA NUA TOTAL CLAIMS NA D7.CFR 1 16(4) NA : INDEPENDENT CLAIMS mnus 20 s X\$ 25 (37 CFR 1 16(N)) X\$50 X100 If the specification and drawings exceed 100 APPLICATION SIZE X200 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each 107 CFR | 16(a)) additional 60 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 1641) +180= * If the difference in column 1 is less than zero, enter "O" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 2) (Column 3). CLAHAS OTHER THAN SMALL ENTITY OR HIGHEST REMAINING SMALL ENTITY NUMBER AFTER PRESENT PREVIOUSLY RATE (\$) ENDMEN MENDMENT EXTRA ADDI-Total presentage PAID FOR RATE(\$) TIONAL ADOI-34 Minus FEE (\$) X\$ 25 FEE (1) OF CHE LISTA Minus X\$50 3 100 00 OR Application Size Fee (37 CFR 1.16(6)) X100 X200 OR ีฮอก 00 PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.180) +180= mo estra devener +360a OR Claims. TOTAL ADD'L FEE TOTAL (Calumn 1) DR 2000 ADO'L FEE CLAIM (Column 2) (Column 3) REMAINING HIGHEST 06 NUMBER PRESENT AMENDMENT APTER. RATE (1) PREVIOUSLY MENOMENT EXTRA ADDL RATE (\$) Total CHORLING PAID FOR TIONAL Minus ADDI 34 FEE (5) TIONAL FEE (1) DTOTA LIBON X\$ 25 4 Minus X\$50 OR Application Size Fee (37 CFR 1.16(b)) X100 X200 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) OR +180= +360= OR If the entry in column 1 is less than the entry in column 2, write "U' in column 3.

If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

Solicities of Information is required by 37 CFR 1.16. The information is required to obtain or ration a benefit by the public which is to file (and by the buding gathering, preparing, and submitting the completed anoscation form to the USPTO. Time will vary depending upon the individual case. Any comments PTO to phocess) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, pre-paring, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any commente the amount of little you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ORDERS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.